(Print Name of lobby ist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

II. Name of lobbyist's partnership,	firm or corporation, if a	ny:	
Bianco Professional Asso	ciation		
(Name of partnership	, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(603) 226-0165 (Fax	e-mail_attys@bi	iancopa.com
III. This statement covers: (Choose reportable expense transactions wh			y file a separate report
X All reportable transactions occurr	ing in the months prior to	the reporting date relative to the	e following elient:
NH Dental Society			
	Client as it appears on the Lo	obbyist Registration Form)	
OR All reportable transactions by the unrelated to any particular client.	lobbyist (including the lob	obyist's family), or the lobbying	firm listed below which
IV. Date of Report April 26, 20 Reports cover: activity from date of	17 registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
October 25. activity from 7/.		January 31, 2018 activity from 10/1/17 to 12/31/	(17
V. There have been no fees rece If this box is checked, complete just to Concord, NH 03301.	ived and no reportable his form and submit it to to	e transactions made since the Secretary of State's Office, S	he last report. tate House, Room 204,
VI Check if additional reports are	attached:		
If you have received fees or mad			
If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, ye	ou must file Addendum B Rej	port of Honorariums or
If you, your firm, or your family	has made political contrib	outions, you must file Addendu	m C Political Contribu
Sworn Statement/Affirmation by I	obbyist		
I have read RSA 15. RSA 16-B. RSA and complete to the best of my know		hereby swear or affirm that the final left $\left[6 \left 25 \right \right]$	oregoing information is
(Signature of lobbyist)		\\. (Dat	le)
lames I Rianco Ir			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

11. Name of lobbyist's partnership, firm or corporation, if any:		
Bianco Professional Association		
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Dental Society	Dat	te <u>10/25/1</u> 7
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relation	is, or public relations servic
a) Total of all fees received in this reporting period	a) \$ _	11,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		22,160
c) Total of all fees received to date (Add lines a and b)	c) \$	33,160
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ _	0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient annay be aggreg spenses; e: meals sthan \$ d with a rting pe e of grer than \$ expens	id if expenditures are made the filed for the lobbyist(s)/firmulate total of all expenses parallel (b) the aggregate total of a spurchased during a busine \$10 that is given to the personal value of \$25.00 or less); are riod of greater than \$25.00 fleater than \$25, purchase of \$25, but not greater than \$5 the reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a)\$	11,000
or rotal aggregate of expenditures during this reporting period, not reported		0
in a), of \$25 or less.	b)\$_	0

d) Total expenses for this reporting period (Add lines a. b and c)	d) \$11,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 22,160
f) Total of all expenses year to date	f) \$33,160
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
· · · · · · · · · · · · · · · · · ·	\$
	\$
 	\$
	\$
	\$
	\$
••••••••••••	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	10/25/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbyin	ng partnership, firm, or corpo	oration: Bianco Profess	sional Association
			corporation and not related to any
particular client)	: NH Dental Society		
Date of Report (check one):		
April 26, 2017	□ July 26. 2017 □	October 25, 2017 🗷	January 31, 2018 □
	ddendums submitted with th		nd Expenses described above, and umber of Addendum forms being
•			
Addendı	ım B(s).		
Addendu	ım C(s).		
	pest of my knowledge and be		nt and each Addendum is true and (Date)
Adam Schm	idt		
(Print Name of le	obbvist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	obbying partnership, firm, or corporation: Bianco Professional Association			
	ank if Statement is fo		corporation and not related to any	
Date of Report (check o	ne):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 X I	January 31, 2018 □	
	ns submitted with th		nd Expenses described above, and umber of Addendum forms being	
Addendum B(s)				
Addendum C(s)				
I hereby swear or affirm complete to the best of respectively. (Signature of lobbyiet)			Int and each Addendum is true and $\frac{16 \int (f \int f f)}{(Date)}$	
Karen Soucy				
(Print Name of lobbyist))			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corporation: Bianco Professional Association	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related t particular client): NH Dental Society	o any
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ♥□ January 31, 2018 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above the following Addendums submitted with that Statement (insert the number of Addendum forms submitted):	e, and being
_ Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true complete to the best of my knowledge and belief.	ie and
(Signature of lobbyist) 19 Oct 19 (Date)	
Kathy Corey Fox	